2019-2020 UTAH SCHOOL HEALTH WORKLOAD REPORT

Please submit district/charter/private/parochial school year 2019-2020 data online by June 30th 2020. Contact bhinkson@utah.gov or call (801) 419-1078 with any questions. Data will be collected online, this document may be used as a worksheet to collect the information. Link will be open from May 1, 2020 through June 30, 2020.

Instructions: please complete the School Health Workload Report below as <u>one per district, one per charter school</u>, or one per private/parochial school.

This report is mandatory for all districts and charter schools that receive funding through USBE.

DO NOT double count FTE. Please enter "0" for any data point not collected.

LEA INFORMATION

- 1. District (if charter/private/parochial please enter in #2) name:
- 2. Charter/private/parochial school name:
- 3. Person completing report:
 - a. Name:
 - b. Title:
 - c. Email address:
- 4. Are you a school nurse (yes/no)?
- 5. School nurses are hired by:
 - a. LEA (district/charter/private/parochial school):
 - b. Local health department (specify): if b is selected please list
 - c. Other (specify): if c is selected please list
 - d. We don't have a school nurse
- 6. Students with certain medical impairments (see definitions on last page)
 - a. Total number of students with health concerns:
 - b. Total number of medically complex students:
 - c. Total number of medically fragile students:
 - d. Total number of nursing-dependent students:

SCHOOL NURSE STAFFING

7. List <u>all</u> **RNs** with assigned caseload providing direct services to this LEA (add lines as needed).

For **T/S/P** (below) use these codes:

- **T: Typical** school nurse most school nurses fall into this category-may serve in schools where there are typical, special education, and preschool students
- S: Special Education ONLY school nurses
- P: Pre-K ONLY school nurses

| Name: (add lines as needed) | FTE (i.e. 1 for full- time, .5 for half-time, etc.) | T/S/P | Credentials (ADN, BSN, MSN, etc.) | <u>Email</u> |
|-----------------------------|---|-------|---|--------------|
| | | | | |

| 8. List LPNs with an assigned caseload | d providing direct | services | (DO NO | T doub | le count FTE) | |
|--|-----------------------|---------------------------------------|--------|--------|---------------|--|
| Name: (add lines as needed) | % of FTE | <u>T</u> | /S/P | Email | | |
| | (i.e. 1 for full-time | e, .5 | | | | |
| | for half-time, etc. | .) | | | | |
| · | | | | | | |
| | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |

- 9. Total number of **health aids** (non RN, non LPN) with an assigned caseload providing direct health services (e.g. give medication, staff health office, perform specific health procedures). Do not count secretaries, teachers, or other staff who only provide health services at times. Enter zero if not applicable. DO NOT double count health aids entered elsewhere.
 - a. Total number: (#)
 - b. Total FTE:
- 10. Total number of **supplemental/float RN** permanently hired to provide nursing services (i.e. substitute nurses). DO NOT include RNs with 1:1, 1:2, 1:3, 1:4, 1:5 or RN that provide diabetic services only. This count is in addition to the RNs identified in #7. Enter zero if not applicable. DO NOT double count RNs entered elsewhere.
 - a. Total number: (#)
 - b. Total FTE: (#)
- 11. Total number of **supplemental/float LPN** permanently hired to provide nursing services (i.e. substitute nurses). DO NOT include LPNs with 1:1, 1:2, 1:3, 1:4, 1:5 or LPNs that provide diabetic services only. This count is in addition to the LPNs identified in #8. Enter zero if not applicable. DO NOT double count LPNs entered elsewhere.
 - a. Total number: (#)
 - b. Total FTE: (#)
- 12. Total number of **supplemental/float health aids** permanently hired to provide hired/contracted health aides (non-RN, non-LPN) FTE who provide supplemental/additional direct nursing services or specific procedures. DO NOT include those with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the health aides identified #9. Enter zero if not applicable. DO NOT double count health aids entered elsewhere.
 - a. Total number: (#)
 - b. Total FTE: (#)
- 13. Total number of **RN with special assignment** Includes nurses working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5), or child find/EPSDT. Count your diabetes care/insulin only RNs here. Enter zero if not applicable. DO NOT double count RNs entered elsewhere.
 - a. Total number: (#)
 - b. Total FTE: (#)
- 14. Total number of **LPN with special assignment** includes nurses working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5), or child

find/EPSDT. <u>Count your diabetes care/insulin only LPNs here.</u> Enter zero if not applicable. DO NOT double count LPNs entered elsewhere.

- a. Total number: (#)
- b. Total FTE: (#)
- 15. Total number of **health aids with special assignment** includes health aids working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5). Enter zero if not applicable. DO NOT double count health aids entered elsewhere.
 - a. Total number: (#)
 - b. Total FTE: (#)
- 16. Total number of **RN providing administrative or supervisory** school health services <u>only</u> (no student caseload). Count those RN providing management/clinical supervision to RNs, LPNs, or other health extenders, or conducting other administrative health services (not listed in #7). Enter zero if not applicable. DO NOT double count RNs entered elsewhere.
 - a. Total number: (#)
 - b. Total FTE: (#)
- 17. Total number of **LPN providing administrative or supervisory** school health services <u>only</u> (no student caseload). Count those LPN providing management/clinical supervision to LPNs or other health extenders, or conducting other administrative health services not listed in #8. Enter zero if not applicable. DO NOT double count LPNs entered elsewhere.
 - a. Total number: (#)
 - b. Total FTE: (#)
- 18. Total number of **assistants** providing administrative support services to RNs or LPNs at this school (clerical assistance). Enter zero if not applicable. DO NOT count regular school secretaries, only those with main assignment of clerical service to school health/nursing staff.
 - a. Total number: (#)
 - b. Total FTE: (#)

MEDICAL CONDITIONS

19. Please enter total number in each category. Enter zero if not applicable or not available. Note: one student may have more than one diagnosis.

| | Asthma | Type 1 | Type II | Seizures | Anaphylaxis | Mental |
|---------------------------|--------|----------|----------|-------------|---------------|--------------|
| | | Diabetes | Diabetes | (all types) | (to anything) | Health |
| | | | | | | Disorders |
| | | | | | | (see last |
| | | | | | | page for |
| | | | | | | definitions) |
| A. Total diagnosed by | | | | | | |
| healthcare provider: | | | | | | |
| B. Of those counted above | | | | | | |
| in (A) please give total | | | | | | |
| students with this | | | | | | |
| condition that have an | | | | | | |
| IHP/EAP: | | | | | | |

| 20. Total number of other IHP/EAP were written for conditions other than those listed above: | | | | elisted | | |
|--|--|----------------------|---------------------|-----------|-----------------|-------------|
| 21. Total number of students who are chronically absent (defined as missing more than | | | | | | |
| 10 | % of school or more than 18 days) | | · | | | |
| DISPO | SITIONS | | | | | |
| 22. En | ter number of all student encount | ers/health offi | ce visits, not just | those di | ue to specific | conditions. |
| Su | bmit numbers as collected, wheth | er for a day, w | eek, month, or a | year. | | |
| | | | Students return | ed to | 911 Called | Student |
| | | | class or staying i | in | | sent home |
| | | | school | | | |
| A. | Number of student encounters/h | nealth office | | | | |
| | visits to RN resulting in: | | | | | |
| В. | Number of student encounters/h | nealth office | | | | |
| | visits to LPN resulting in: | | | | | |
| C. | Number of student encounters/h | | | | | |
| | visits to health aid/clerk (non-RI | N, non LPN) | | | | |
| NAEDI | resulting in: | | | | | |
| | CATIONS aloxone | | | Voc | No | Not Curo |
| | | nalisy in place | for | Yes | No | Not Sure |
| A. | A. Does your district/school have a policy in place for administration of naloxone? | | | | | |
| R | Does your district/school carry st | tock nalovone | 2 | | | |
| | Total number of times naloxone | | | hoth lav | staff and | |
| C. | school nurses): | was administe | irea at serioor (by | Dotti lay | stan and | |
| D. | Total number of staff members t | rained to adm | inister naloxone: | | | |
| 24. Ep | inephrine | | | Yes | No | Not Sure |
| | Does your district/school have a | policy in place | for | | | |
| | administration of epinephrine au | | | | | |
| В. | Does your district school carry st | | ne? | | | |
| | Total number of individual order | | | ephrine | : | |
| | Total number of staff members t | | | | | |
| E. | Total number of times epinephri | ne was admini | istered at school (| by both | lay staff | |
| | and school nurses): | | | | | |
| F. | If epinephrine was administered | at school, plea | ase list: | | | |
| Total | number of students injected | Number of st | udents injected | Numbe | er of student | s injected |
| | pinephrine: | with their ow | n epinephrine: | with st | ock epineph | rine: |
| | number of staff/visitors injected | Number of st | • | | er of staff/vis | itors |
| with e | ' ' | | d with stock | | | |
| | epinephrine: epinephrine: | | | | | |
| | ucagon | | | 1 16 | | |
| | A. Total number of individual orders do you have in your district/school for glucagon: | | | | | |
| В. | B. Total number of times glucagon was administered at school (by both lay staff and | | | | | |
| | school nurses): | | | | | |

| C. | C. Total number of staff members trained to administer glucagon: | | | | | | |
|---|--|---------------------------------------|----------------|--------------|-------|------------|-------------|
| 26. Seizure Rescue Medication | | | | | | | |
| A. | A. Total number of orders for seizure rescue medication: | | | | | | |
| В. | Total number of times seiz | zure rescue medication | on was admi | inistered th | e sch | nool | |
| | nurse: | | | | | | |
| C. | Total number of times seiz | zure rescue medication | on was admi | inistered by | scho | ool | |
| | employee volunteers: | | | | | | |
| D. | Total number of school en | nployee volunteers tr | rained to ad | minister sei | zure | rescue | |
| | medication: | | | | | | |
| 27. As | thma Rescue Medication (b | y either inhaler or n | ebulizer) | | | | |
| A. | Total number of students | with orders for asthn | na rescue m | edication: | | | |
| В. | Total number of staff men | nbers trained to adm | inister asthr | na rescue n | nedic | cation: | |
| Dispos | sition of students who | Total number of | Students | returned | 911 | Called | Student |
| receiv | ed their own asthma | times medication | to class or | r staying | | ! | sent home |
| rescue | e medication | administered | in school | | | | |
| C. | Administered by school | | | | | | |
| | nurse: | | | | | | |
| D. | Administered by school | | | | | | |
| | staff (non-nurse): | | | | | | |
| | , | | • 11 11 . | | | | 01.00.11 |
| | 2019 legislative session a k ning with the 2020-2021 sc | | viii allow sto | ock albuter | oı ın | schools (U | CA 26-41) |
| | Total number of schools y | | ing to stock | albutorola | ccord | ding to | |
| L. | the optional stock albuter | • | _ | | | _ | |
| For die | stricts with multiple nurses | , , | | | | - | riato Eor |
| | ts with only one nurse (or | • | | _ | | | |
| uistric | its with only one harse (or t | | | | | | |
| | | Total nurses | | es who have | 9 | Total nurs | |
| | | who know what | heard of th | | | | er heard of |
| - | Tatal assessant assessin | the law says. | don t know | what it do | es. | the law. | |
| F. | Total number of nurses in | | | | | | |
| | your LEA that are <u>familiar</u> | | | | | | |
| | with optional Stock | | | | | | |
| | Albuterol law (UCA 26-41) that will go into effect for | | | | | | |
| | the 2020-2021 school | | | | | | |
| | | | | | | | |
| | year: | | Positive | Mixed | | Negative | No |
| | | | impact | positive a | nd | ivegative | impact |
| | | | πρατι | negative | iiu | | Пірасі |
| G | To what extent to you thin | nk the stock | | ricgative | | | |
| G. To what extent to you think the stock albuterol law will have an impact on those | | | | | | | |
| | with asthma in your school | · · · · · · · · · · · · · · · · · · · | | | | | |
| | The state of the s | | | | | | |

| 28. Other | medication | |
|-----------|---|--|
| A. | Total number of daily scheduled medication orders were on file during the | |
| | school year: | |
| В. | Total number of staff members trained to administer daily scheduled | |
| | medications: | |
| C. | Total number of PRN (as needed) medication orders were on file during the | |
| | school year not including naloxone, epinephrine, glucagon, and seizure rescue | |
| | medication (counted separately, above): | |
| D. | Total number of staff members trained to administer PRN medications: | |
| E. | Total number of medication errors (definition on last page) your district/school | |
| | had during this school year: | |
| F. | If you had medication errors, enter number of errors by the school nurse: | |
| G. | If you had medication errors, enter number of errors by other school staff: | |
| SCREENIN | GS | |
| 29. Vis | ion Screening | |
| -If | school nurse please complete A-J | |
| -If | not a school nurse please complete A, B, D, G only | |
| A. | Total number of students receiving tier 1 vision screening: | |
| В. | Total number of students <u>referred</u> to eye care professional following a tier 1 | |
| | vision screening: | |
| C. | Total number of students seen by eye care professional following a tier 1 vision | |
| | screening: | |
| D. | Total number of students referred for tier 1 vision screening receiving | |
| | <u>treatment</u> (including rx for glasses/contacts): | |
| E. | Total number of "Vision Symptoms Questionnaires" submitted to the school | |
| | nurse for evaluation of a tier 2 vision screening: | |
| F. | Total number of students <u>referred</u> to an eye care professional following a tier 2 | |
| | vision screening by a school nurse: | |
| G. | Total number of students <u>referred automatically</u> to eye care professional in lieu | |
| | of tier 2 vision screening: | |
| H. | Total number of students seen by eye care professional following a tier 2 vision | |
| | screening: | |
| I. | Total number of students <u>referred</u> for tier 2 vision screening receiving | |
| | treatment (including rx for glasses/contacts): | |
| J. | Total number of students receiving financial assistance for glasses or exam with | |
| | eye care professional (e.g. VSP, Sight for Students, Friends for Sight, Lion's Club): | |
| | /oral Screening | |
| A. | Total number of students receiving oral screening (through any school- | |
| | sponsored program): | |
| В. | Total number of students receiving dental varnishing: | |
| C. | Total number of students receiving restorative services through any school | |
| | sponsored program: | |
| D. | Total number of students seen by the school nurse with a dental emergency: | |
| | | |

| TRAINING | |
|--|------------|
| 31. Enter the number of district/school staff receiving training from the school nurse on the | daily |
| management and emergency care needs of students with: | |
| A. Asthma | |
| B. Diabetes | |
| C. Seizures | |
| D. Anaphylaxis (to anything) | |
| 32. Enter the number of students taught by the school nurse about: | |
| A. Maturation | |
| B. Hand washing | |
| C. Hygiene | |
| D. Dental care | |
| E. Asthma | |
| F. Other (specify) | |
| 33. Total number of schools with AEDs: | |
| 34. Total number of school nurses that are CPR/1 st Aid instructors: | |
| 35. Total number of school staff trained/certified by school nurse in CPR/1 st aid: | |
| 36. Total number of students trained/certified by school nurse in CPR/1 st aid: | |
| DATA COLLECTION | |
| 38. Are you currently using student health data to identify the impact of school nurse | |
| interventions on student health and educational outcomes (i.e., improved attendance, test | |
| scores, grades, graduation rates)? | |
| OTHER | |
| 39. Does your district/school have a policy on staff immunization requirements? | |
| 40. Comments? | |
| | |
| | |
| Questions highlighted in blue are part of NASNs "Every Student Counts" initiative. | |
| Questions highlighted in green are new asthma questions added in preparation for stock albu | iterol law |
| that goes into effected in the 2020-21 school year | |

DEFINITIONS

Questions highlighted in yellow are new vision screening annual report questions.

EAP: Emergency Action Plan

This is written by the nurse – for other school staff, with input from the family and healthcare provider. This document is usually in the "if you see this – do this" format for lay staff to follow. The nurse and parent should sign this document. Provider signature is only required if provider orders are included (i.e. medication, procedure order).

IHP: Individualized Healthcare Plan

This is written by the nurse – for the nurse, with input from the family and healthcare provider. The nurse should sign this document, but provider signature is not required.

Medically Complex Students

Students who are medically complex are defined as those who may have an unstable health condition and who may require daily professional nursing services. Students in this category have health conditions which require a licensed registered nurse to do an assessment, write an individualized healthcare plan (IHP) and/or emergency action plan (EAP), and teach and oversee tasks delegated to UAP who work directly with the student.

An example of a student in this category would be one who has medically stable epilepsy or asthma. The school nurse will access medical orders, assess the student, write an IHP or EAP, teach UAP or other school staff how to recognize a problem, and assist the student in the event of an acute incident.

Medically Fragile Students

Students who are medically fragile are those students who may have a life-threatening health condition and who may require immediate professional nursing services. Students in this category have a health condition which requires frequent (often daily) one-on-one intervention. An example of this would be a six year old student newly diagnosed with type I diabetes. Intervention is required on a daily basis to check blood status, configure correct insulin doses, and administer insulin. As this student's medical condition becomes more stable and the student matures, the student's category may change to one which requires less intense school health services (i.e. medically complex).

Medication Errors

Medication errors include missed dose, wrong student, wrong medication, wrong dose, wrong time, wrong route, expired medication, medication not available, etc.

Mental Health

Mental health issues (question 19) include ADD/ADHD, depression, anxiety disorders, oppositional-defiant disorder, mood disorders, schizophrenia, autism spectrum disorder, bipolar disorder, borderline personality disorder, dissociative identity disorder, obsessive-compulsive disorder, post-traumatic stress disorder, separation anxiety disorder, social phobia, Tourette's disorder, eating disorders, just to name a few.

Nursing-Dependent Students

Students who are nursing dependent are those who may have an unstable or life-threatening health condition and who may require daily, direct, and continuous professional nursing services. These students require direct one-on-one services by a licensed nurse so that they are medically safe in the school setting. An example of a nursing-dependent student would be one with impaired breathing who has a tracheostomy which requires frequent suction.